## LOG OF GOOD FAITH EFFORT DOCUMENTATION

(in accordance with WSATC approved Equal Employment Opportunity Plan)

Review Year:		
_	(Sponsor)	
1.		
1.	(Affirmative Action Plan Activity)	
Month	Details of Activities	
2.		
	(Affirmative Action Plan Activity)	
Month	Details of Activities	
3.		
	(Affirmative Action Plan Activity)	
Month	Details of Activities	

4.	
	(Affirmative Action Plan Activity)
Month	Details of Activities
5.	
	(Affirmative Action Plan Activity)
Month	Details of Activities
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6.	(Affirmative Action Plan Activity)
	(Affirmative Action Plan Activity)
6. Month	(Affirmative Action Plan Activity)  Details of Activities
Month	
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month	Details of Activities
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month 7.	Details of Activities  (Affirmative Action Plan Activity)
Month 7.	Details of Activities  (Affirmative Action Plan Activity)

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8.	(Affirmative Action Plan Activity)
Month	Details of Activities
9.	(Affirmative Action Plan Activity)
Month	Details of Activities
10.	
10.	(Affirmative Action Plan Activity)
Month	Details of Activities
11.	
11.	(Affirmative Action Plan Activity)
Month	Details of Activities